

TOWN OR CITY OF Lowell**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Beverly School</u>	Date <u>9/2/16</u>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>145 Pleasant St</u>	Risk Level		
Telephone <u>534-7704</u>	HACCP Y/N		
Owner <u>City of Lowell</u>	Time In: Out:		
Person in Charge (PIC) <u>Janice Palmacci</u>	Permit No.		
Inspector <u>Michelle Smith</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/Segregation/Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Michelle Smith</u>	Print: _____	
PIC's Signature: <u>Janice Palmacci</u>	Print: <u>Janice Palmacci</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF Lowell**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Bruno H</u>	Date <u>3/16/17</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>145 Street St.</u>	Risk Level	Permit No.	
Telephone <u>534-7708</u>	HACCP Y/N		
Owner <u>Lily of Lowville</u>	Time In: Out:		
Person in Charge (PIC)			
Inspector <u>Denise Palmacci</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Non-compliance with:

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/Segregation/Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Denise Palmacci</u>	Print: <u>Denise Palmacci</u>	
PIC's Signature: <u>Janice Palmacci</u>	Print: <u>Janice Palmacci</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF Lawrence**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Dougherty School</u>	Date <u>9/26/11</u>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>Mass. St.</u>	Risk Level	Permit No.	
Telephone <u>534-7704</u>			
Owner <u>City of Lawrence</u>	HACCP Y/N		
Person in Charge (PIC)	Time In:		
Inspector <u>Renee Sestelli</u>	Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/Segregation/Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding

- ☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)
 24. Food and Food Protection (FC-3)(590.004)
 25. Equipment and Utensils (FC-4)(590.005)
 26. Water, Plumbing and Waste (FC-5)(590.006)
 27. Physical Facility (FC-6)(590.007)
 28. Poisonous or Toxic Materials (FC-7)(590.008)
 29. Special Requirements (590.009)
 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>[Signature]</u>	Print: _____	Page <u>2</u> of <u>2</u> Pages
PIC's Signature: <u>Janice Palmacci</u>	Print: <u>Janice Palmacci</u>	

TOWN OR CITY OF Leominster**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Bennett School</u>	Date <u>9-27-18</u>	Type of Operation(s) <input type="checkbox"/> Food Service <input checked="" type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>145 Pleasant St.</u>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: Out:		
Person in Charge (PIC)			
Inspector <u>Marco L. Bagnazzi</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/Segregation/Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures Fridge 40°F ✓
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

All brought from Fall Brook

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Marco L. Bagnazzi</u>	Print: <u>Marco L. Bagnazzi</u>	Page <u>1</u> of <u>1</u> Pages
PIC's Signature: <u>Janice Palmacci</u>	Print: <u>Janice Palmacci</u>	

TOWN OR CITY OF Lynn**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>F. B. B. B.</u>	Date <u>10/3/17</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>1000 Dr.</u>	Risk Level		
Telephone <u>508-774-1111</u>	HACCP Y/N	Permit No.	
Owner <u>City of Lynn</u>	Time In:		
Person in Charge (PIC)	Time Out:		
Inspector <u>Robert Smith</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer AdvisoriesViolations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>[Signature]</u>	Print: <u>J</u>	
PIC's Signature: <u>Jackie Semler</u>	Print: <u>Jackie Semler</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF

Leominster**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Fall Brook School</u>	Date <u>1-10-19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>25 Deccico Dr.</u>	Risk Level		
Telephone	HACCP Y/N		
Owner	Time In: Out:		
Person in Charge (PIC)	Permit No.		
Inspector <u>Marco L. Bongazzi</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/Segregation/Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities -Fix leak @ 2-Bay
PROTECTION FROM CHEMICALS "Food Prep" Sinks
☐ 14. Approved Food or Color Additives

- ☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Marco L. Bongazzi</u>	Print: <u>Marco L. Bongazzi</u>	
PIC's Signature: <u>Jacqui Semler</u>	Print: <u>Jacqui Semler</u>	Page <u>1</u> of <u>1</u> Pages

Food Establishment Inspection Report – City/Town of Leominster

Establishment: <u>Fall Brook Elementary</u>		Date: <u>6-10-19</u>	Page 1 of <u>2</u>
Address: <u>25 Deccico Dr.</u>		Time in:	Time out:
Telephone:	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>0</u> Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>0</u>	
Owner:			
Person-in-charge: <u>X Jackie Semler</u>			
Inspector: <u>Marco L. Bongiorno</u>			
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS			
IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation			

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
Approved Source							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food						
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan						

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection:	Discussion with Person-in-Charge: <u>Clean and Sanitary @ T.O.S</u>
<u>N/A</u>	<u>+ sanitizers good.</u>
	<u>+ all temp checks good.</u>
Signature of Person-in-Charge:	Date: <u>6-10-19</u>
Signature of Inspector: <u>Marco L. Bongiorno</u>	Date: <u>6-10-19</u>

Food Establishment Inspection Report – City/Town of

Leominster

Establishment: *Fallbrook Elementary*

Date: *6.10.19*

Page 2 of *2*

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = In compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other _____	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness Investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	Other Information: <p><i>School</i></p>
--	---	---

Signature of Person-in-Charge: *Jackie Lemler* Date: _____

Signature of Inspector: *Marco L. Barmby* Date: *6.10.19*

TOWN OR CITY OF Lewiston**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name	Date	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address	Risk Level		
Telephone		Permit No.	
Owner	HACCP Y/N		
Person in Charge (PIC)	Time In:		
Inspector	Time Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☒ 8. Separation/Segregation/Protection☒ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)

24. Food and Food Protection (FC-3)(590.004)

25. Equipment and Utensils (FC-4)(590.005)

26. Water, Plumbing and Waste (FC-5)(590.006)

27. Physical Facility (FC-6)(590.007)

28. Poisonous or Toxic Materials (FC-7)(590.008)

29. Special Requirements (590.009)

30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

2

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

9/29/17, 10/6/17

Inspector's Signature:	Print:	
PIC's Signature:	Print:	Page <u>2</u> of <u>2</u> Pages

TOWN OR CITY OF

Leominster**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Francis Drake School</u>	Date <u>7-3-18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>95 Viscolato</u>	Risk Level		
Telephone	HACCP Y/N		
Owner	Time In: Out:		
Person in Charge (PIC) <u>Bill Sullivan</u>	Permit No.		
Inspector <u>Margo L. Bangma</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

*Damaged tile noted @ 3 Bay.
 No Exposed absorbent surfaces.*

NO Other issues.

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)

24. Food and Food Protection (FC-3)(590.004)

25. Equipment and Utensils (FC-4)(590.005)

26. Water, Plumbing and Waste (FC-5)(590.006)

27. Physical Facility (FC-6)(590.007)

28. Poisonous or Toxic Materials (FC-7)(590.008)

29. Special Requirements (590.009)

30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Margo L. Bangma</u>	Print: <u>Margo L. Bangma</u>	
PIC's Signature: <u>Bill Sullivan</u>	Print: <u>Bill Sullivan</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF

Leominster**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Francis Drake School</u>	Date <u>1-7-19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>95 Visciloid</u>	Risk Level	Permit No.	
Telephone			
Owner	HACCP Y/N		
Person in Charge (PIC)	Time In: Out:		
Inspector <u>Marco L. Bangraz</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking 590.009 (E) ☐
Tobacco 590.009 (F) ☐
Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer AdvisoriesViolations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)

24. Food and Food Protection (FC-3)(590.004)

25. Equipment and Utensils (FC-4)(590.005)

26. Water, Plumbing and Waste (FC-5)(590.006)

27. Physical Facility (FC-6)(590.007)

28. Poisonous or Toxic Materials (FC-7)(590.008)

29. Special Requirements (590.009)

30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Marco L. Bangraz</u>	Print: <u>Marco L. Bangraz</u>	Page <u>1</u> of <u>1</u> Pages
PIC's Signature: <u>Kathy T. Garske</u>	Print: <u>KATHY T. GARSKE</u>	

Food Establishment Inspection Report – City/Town of Leominster

Establishment: <u>Francis Drake Elementary</u>		Date: <u>6-10-19</u>	Page 1 of <u>2</u>
Address: <u>95 Winscoloid Ave.</u>		Time in: <u> </u>	Time out: <u> </u>
Telephone: <u> </u>	Permit No.: <u> </u>	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>0</u>	
Owner: <u> </u>		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>0</u>	
Person-in-charge: <u>Susan Canody</u>			
Inspector: <u>Marcus L. Barry</u>			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
Approved Source							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food						
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan						

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: <u>N/A</u>	Discussion with Person-in-Charge: <u>Re-Seal lid for grease trap @ dish washer unit. Fix tile @ 3-Bay grease trap unit. Clean and Sanitary @ T.O.S + Sanitizers good + temps good.</u>
Signature of Person-in-Charge: <u>Susan Canody</u>	Date: <u>6-10-19</u>
Signature of Inspector: <u>Marcus L. Barry</u>	Date: <u>6-10-19</u>

Food Establishment Inspection Report – City/Town of

Leominster

Establishment: *Francis Drake Elementary* Date: *6-10-19* Page 2 of *2*

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = In compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other _____	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness Investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	Other Information: <i>School</i>
--	---	--

Signature of Person-in-Charge: *Suzanne Canady* Date: *6-10-19*
 Signature of Inspector: *Marc Z. Benin* Date: *6-10-19*

FOOD ESTABLISHMENT INSPECTION REPORT

FORM 734A A.M. SULKIN CO. CHARLESTOWN, MA

TOWN OR CITY OF Charlestown**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name	Date	Type of Operation(s)	Type of Inspection
Address	Risk Level	<input checked="" type="checkbox"/> Food Service	<input type="checkbox"/> Routine
Telephone		<input type="checkbox"/> Retail	<input checked="" type="checkbox"/> Re-inspection <u>10/13/17</u>
Owner	HACCP Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person in Charge (PIC)		<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector	Time In: Out:	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
		<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
		Permit No.	<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☒Tobacco 590.009 (F) ☐Allergen Awareness 590.009 (G) ☐**FOOD PROTECTION MANAGEMENT**

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC

- ☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source

- ☐ 5. Receiving/Condition

- ☐ 6. Tags/Records/Accuracy of Ingredient Statements

- ☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/Segregation/Protection

- ☐ 9. Food Contact Surfaces Cleaning and Sanitizing

- ☐ 10. Proper Adequate Handwashing

- ☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives

- ☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures

- ☐ 17. Reheating

- ☐ 18. Cooling

- ☐ 19. Hot and Cold Holding

- ☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)

24. Food and Food Protection (FC-3)(590.004)

25. Equipment and Utensils (FC-4)(590.005)

26. Water, Plumbing and Waste (FC-5)(590.006)

27. Physical Facility (FC-6)(590.007)

28. Poisonous or Toxic Materials (FC-7)(590.008)

29. Special Requirements (590.009)

30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>[Signature]</u>	Print: <u>[Signature]</u>	
PIC's Signature: <u>Jenny Allain</u>	Print: <u>Jenny Allain</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF

Lynn**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Johnny Appleseed School</u>	Date <u>9-5-18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>845 Main St.</u>	Risk Level	Permit No.	
Telephone			
Owner	HACCP Y/N		
Person in Charge (PIC)	Time In: Out:		
Inspector <u>Marco L. Bangrazi</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

-NO ISSUES

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)

24. Food and Food Protection (FC-3)(590.004)

25. Equipment and Utensils (FC-4)(590.005)

26. Water, Plumbing and Waste (FC-5)(590.006)

27. Physical Facility (FC-6)(590.007)

28. Poisonous or Toxic Materials (FC-7)(590.008)

29. Special Requirements (590.009)

30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Marco L. Bangrazi</u>	Print: <u>Marco L. Bangrazi</u>	Page <u>1</u> of <u>1</u> Pages
PIC's Signature: <u>Monica Stember</u>	Print: <u>Monica Stember</u>	

Food Establishment Inspection Report – City/Town of Leominster

Establishment: <u>Johnny Appleseed School</u>		Date: <u>3-12-19</u>	Page 1 of <u>3</u>
Address: <u>845 Main St.</u>		Time in:	Time out:
Telephone:	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): 0	
Owner:			
Person-in-charge:			
Inspector: <u>Marco L. Bongiorno</u>		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): 	
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS			
IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation			

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
Approved Source							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food						
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan						

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection:	Discussion with Person-In-Charge:

Signature of Person-In-Charge: <u>Mona Steiner</u>	Date: <u>3-12-19</u>
Signature of Inspector: <u>Marco L. Bongiorno</u>	Date: <u>3-12-19</u>

Food Establishment Inspection Report – City/Town of Leominster

Establishment: <u>Johnny Appleseed School</u>	Date: <u>3-12-19</u>	Page 2 of <u>3</u>
GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS		
IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation		

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential; Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other _____	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	Other Information: <div style="height: 80px;"></div>
--	---	--

Signature of Person-in-Charge: <u>Mona Senter</u>	Date: <u>3-12-19</u>
Signature of Inspector: <u>Maria I. Bayly</u>	Date: <u>3-12-19</u>

Food Establishment Inspection Report – City/Town of Leominster

Establishment: <u>Johnny Appleseed School</u>	Date: <u>3.12.19</u> Page <u>3</u> of <u>3</u>
---	--

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-in-Charge:

Date: 3-12-19

Signature of Inspector:

Date: 3.12.19

FOOD ESTABLISHMENT INSPECTION REPORT

FORM 734A A.M. SULKIN CO. CHARLESTOWN, MA

TOWN OR CITY OF

Leominster**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>LHS Cafe - School</u>	Date <u>11-7-15</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>132 Granite St.</u>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: Out:		
Person in Charge (PIC)			
Inspector <u>Marco L. Bangrazi</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer AdvisoriesAll Set.**Violations Related to Good Retail Practices (Blue**

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)

24. Food and Food Protection (FC-3)(590.004)

25. Equipment and Utensils (FC-4)(590.005)

26. Water, Plumbing and Waste (FC-5)(590.006)

27. Physical Facility (FC-6)(590.007)

28. Poisonous or Toxic Materials (FC-7)(590.008)

29. Special Requirements (590.009)

30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Marco L. Bangrazi</u>	Print: <u>Marco L. Bangrazi</u>	
PIC's Signature: _____	Print: _____	Page <u>1</u> of <u>1</u> Pages

Food Establishment Inspection Report – City/Town of Leominster

Establishment: <u>Leominster High School</u>		Date: <u>6-11-19</u>	Page 1 of <u>2</u>
Address: <u>122 Granite St.</u>		Time in: <u> </u>	Time out: <u> </u>
Telephone: <u> </u>	Permit No.: <u> </u>	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u> </u>	
Owner: <u> </u>		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u> </u>	
Person-in-charge: <u>RONAN RUZZAGAN</u>			
Inspector: <u>Marco L. Boryn</u>			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
Approved Source							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food						
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan						

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: <u>N/A</u>	Discussion with Person-in-Charge: <u>Please clean dust from fan units as well as ceiling fans/adjoining ceiling tiles.</u>
Signature of Person-in-Charge: <u>[Signature]</u>	Date: <u>6-11-19</u>
Signature of Inspector: <u>Marco L. Boryn</u>	Date: <u>6-11-19</u>

Food Establishment Inspection Report – City/Town of Leominster

Establishment: Leominster High School

Date: 6-11-19

Page 2 of 2

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

Type of Operation(s): <input type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential; Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other _____	Type of Inspection: <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness Investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	Other Information: <u>N/A</u>
---	--	---

Signature of Person-in-Charge: _____

Date: _____

Signature of Inspector: Walter J. B...

Date: _____

TOWN OR CITY OF Leicester**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Joe Harris</u>	Date <u>9/11/17</u>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>100 Main St</u>	Risk Level	Permit No.	
Telephone <u>508-0414</u>			
Owner <u>City of Leicester</u>	HACCP Y/N		
Person in Charge (PIC) <u>Priscilla Quansah</u>	Time In: _____		
Inspector <u>Priscilla Quansah</u>	Out: _____		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC

- ☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source

- ☐ 5. Receiving/Condition

- ☐ 6. Tags/Records/Accuracy of Ingredient Statements

- ☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/Segregation/Protection

- ☐ 9. Food Contact Surfaces Cleaning and Sanitizing

- ☐ 10. Proper Adequate Handwashing

- ☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives

- ☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures

- ☐ 17. Reheating

- ☐ 18. Cooling

- ☐ 19. Hot and Cold Holding

- ☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)

24. Food and Food Protection (FC-3)(590.004)

25. Equipment and Utensils (FC-4)(590.005)

26. Water, Plumbing and Waste (FC-5)(590.006)

27. Physical Facility (FC-6)(590.007)

28. Poisonous or Toxic Materials (FC-7)(590.008)

29. Special Requirements (590.009)

30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature <u>Priscilla Quansah</u>	Print: _____	
PIC's Signature <u>Priscilla Quansah</u>	Print: <u>Priscilla Quansah</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF

Leominster**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Northwest School</u>	Date <u>1-9-19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>45 Stearns Ave</u>	Risk Level	Permit No.	
Telephone <u>978-534-7756</u>	HACCP Y/N		
Owner	Time In: Out:		
Person in Charge (PIC)			
Inspector <u>Marco L. Bingham</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking 590.009 (E) ☐
Tobacco 590.009 (F) ☐
Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer AdvisoriesNO ISSUES**Violations Related to Good Retail Practices (Blue Items)**

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)

24. Food and Food Protection (FC-3)(590.004)

25. Equipment and Utensils (FC-4)(590.005)

26. Water, Plumbing and Waste (FC-5)(590.006)

27. Physical Facility (FC-6)(590.007)

28. Poisonous or Toxic Materials (FC-7)(590.008)

29. Special Requirements (590.009)

30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Marco L. Bingham</u>	Print: <u>Marco L. Bingham</u>	Page <u>1</u> of <u>1</u> Pages
PIC's Signature: <u>Priscilla Dugan</u>	Print: <u>Priscilla Dugan</u>	

Food Establishment Inspection Report – City/Town of Leominster

Establishment: <u>Northwest Elementary School</u>		Date: <u>6-12-19</u>	Page 1 of <u>3</u>
Address: <u>45 Stearns Ave.</u>		Time in: <u> </u>	Time out: <u> </u>
Telephone: <u> </u>	Permit No.: <u> </u>	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): 0	
Owner: <u> </u>			
Person-in-charge: <u>Priscilla Quansah</u>			
Inspector: <u>Marco Z. Bannay</u>			
		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): 0	
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS			
IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation			

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
Approved Source							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food						
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan						

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection:	Discussion with Person-in-Charge:	
	<u>+ All temp checks good</u> <u>+ all sanitizer checks good</u>	<u>clean and sanitary @ T.O.S.</u>
Signature of Person-in-Charge:	<u>Priscilla Quansah</u>	Date: <u>6-12-19</u>
Signature of Inspector:	<u>Marco Z. Bannay</u>	Date: <u>6-12-19</u>

Food Establishment Inspection Report – City/Town of Leominster

Establishment: Northwest School

Date: 6-12-19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

Type of Operation(s):
☒ Food Service Establishment
☐ Retail Food Store
☐ Residential: Cottage Foods
☐ Residential: Bed & Breakfast
☐ Mobile/Pushcart
☐ Temporary Food Estab.
☐ Other _____

Type of Inspection:
☒ Routine
☐ Re-inspection
☐ Pre-operational
☐ Illness investigation
☐ General complaint
☐ HACCP
☐ Other _____

Other Information:

School - Elementary

Signature of Person-in-Charge: Russell [Signature]

Date: 6-12-19

Signature of Inspector: Marco [Signature]

Date: 6-12-19

TOWN OR CITY OF Essex**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Frank J. A.</u>	Date <u>9/7/12</u>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>Frank J. A.</u>	Risk Level		
Telephone <u>534-7164</u>	HACCP Y/N		
Owner <u>City of Esplanade</u>	Time In: _____		
Person in Charge (PIC) _____	Time Out: _____		
Inspector <u>Frank J. A.</u>	Permit No. _____		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
<input type="checkbox"/>	<input type="checkbox"/>	23. Management and Personnel (FC-2)(590.003)
<input type="checkbox"/>	<input type="checkbox"/>	24. Food and Food Protection (FC-3)(590.004)
<input type="checkbox"/>	<input type="checkbox"/>	25. Equipment and Utensils (FC-4)(590.005)
<input type="checkbox"/>	<input type="checkbox"/>	26. Water, Plumbing and Waste (FC-5)(590.006)
<input type="checkbox"/>	<input type="checkbox"/>	27. Physical Facility (FC-6)(590.007)
<input type="checkbox"/>	<input type="checkbox"/>	28. Poisonous or Toxic Materials (FC-7)(590.008)
<input type="checkbox"/>	<input type="checkbox"/>	29. Special Requirements (590.009)
<input type="checkbox"/>	<input type="checkbox"/>	30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>[Signature]</u>	Print: <u>Frank J. A.</u>	Page <u>1</u> of <u>1</u> Pages
PIC's Signature: _____	Print: _____	

TOWN OR CITY OF Leominster**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Post 5A</u>	Date <u>3/21/17</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>Post 5A</u>	Risk Level		
Telephone			
Owner <u>City of Leominster</u>	HACCP Y/N		
Person in Charge (PIC)	Time In:	Permit No.	
Inspector <u>Michael S. Hall</u>	Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Non-compliance with:

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT☒ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Michael S. Hall</u>	Print: _____	
PIC's Signature: <u>Carey Emby</u>	Print: <u>Carey Emby</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF Lynn**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Picist St. School</u>	Date <u>2-6-18</u>	Type of Operation(s) <input type="checkbox"/> Food Service <input checked="" type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address	Risk Level		
Telephone	HACCP Y/N		
Owner	Time In:		
Person in Charge (PIC) <u>Teresa Trevelyan</u>	Time Out:		
Inspector <u>Matthew J. Trevelyan</u>	Permit No.		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/Segregation/Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures Probe tested 43°F
☐ 17. Reheating Don't No Sealing Prop.
☐ 18. Cooling Fix so it can't melt.
☒ 19. Hot and Cold Holding 41° or below
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

1

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:2-13-18

Inspector's Signature: <u>Matthew J. Trevelyan</u>	Print: <u>Matthew J. Trevelyan</u>	
PIC's Signature: <u>Teresa Trevelyan</u>	Print: <u>Teresa Trevelyan</u>	Page <u>1</u> of <u>1</u> Pages

Food Establishment Inspection Report – City/Town of Leominster

Establishment: <u>Priest St. School</u>		Date: <u>3-19-19</u>	Page 1 of <u>2</u>
Address: <u>115 Priest St.</u>		Time in:	Time out:
Telephone:	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): 	
Owner:			
Person-in-charge:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): 	
Inspector: <u>Marco L. Bangran</u>			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
Approved Source							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food						
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan						

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: Discussion with Person-in-Charge:

Signature of Person-in-Charge: <u>[Signature]</u>	Date: <u>3-19-19</u>
Signature of Inspector: <u>Marco L. Bangran</u>	Date: <u>3-19-19</u>

Food Establishment Inspection Report – City/Town of Leominster

Establishment: Priest St. School Date: 3-19-19 Page 2 of 2

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input checked="" type="checkbox"/> Other <u>School</u>	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	Other Information: - Replace ceiling tile @ sink/microwave. - new door sweep, rear door.
---	---	--

Signature of Person-in-Charge: [Signature] Date: 3-19-19
 Signature of Inspector: [Signature] Date: 3-19-19

TOWN OR CITY OF Amherst**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name	Date	Type of Operation(s)	Type of Inspection
Address	Risk Level	<input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Routine <input checked="" type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Telephone	HACCP Y/N	Permit No.	
Owner	Time In: Out:		
Person in Charge (PIC)			
Inspector			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/Segregation/Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☒ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: 12/6/17, 12/8/17

Inspector's Signature: <u>[Signature]</u>	Print: <u>[Name]</u>	
PIC's Signature: <u>[Signature]</u>	Print: <u>[Name]</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF

Leominster**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Samoset</u>	Date <u>5-16-18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>DeCicco</u>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: Out:		
Person In Charge (PIC) <u>Fatherly L. Scuro</u>			
Inspector <u>Marco L. Bangraz</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer AdvisoriesViolations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Marco L. Bangraz</u>	Print: <u>Marco L. Bangraz</u>	Page <u>L</u> of <u>L</u> Pages
PIC's Signature: <u>Fatherly L. Scuro</u>	Print: <u>Fatherly L. Scuro</u>	

TOWN OR CITY OF

Scamister**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Samoset School</u>	Date <u>11-8-15</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>Deccico Drive</u>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: Out:		
Person in Charge (PIC)			
Inspector <u>Marco L. Bangrazi</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities - pest 100, no comments.

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives + no pests @ time☐ 15. Toxic Chemicals OF inspection.

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding - Facility clean @ time☐ 20. Time As a Public Health Control OF inspection.

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories - temp checks good
- cold
- sanitizing

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Marco L. Bangrazi</u>	Print: <u>Marco L. Bangrazi</u>	Page <u>1</u> of <u>1</u> Pages
PIC's Signature: <u>[Signature]</u>	Print: _____	

Food Establishment Inspection Report – City/Town of

Leominster

Establishment: <i>Samoset School</i>		Date: <i>6-5-19</i>	Page 1 of <i>3</i>
Address: <i>100 Decicco Dr.</i>		Time in:	Time out:
Telephone:	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Owner:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Person-in-charge: <i>Kathryn V. Sienko</i>			
Inspector: <i>Marcus L. Bangrazi</i>			
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS			
IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation			

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
Approved Source							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food						
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan						

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection:	Discussion with Person-in-Charge:
<i>N/A</i>	<i>See pg. 3.</i>

Signature of Person-in-Charge:	Date: <i>6-5-19</i>
Signature of Inspector: <i>Marcus L. Bangrazi</i>	Date: <i>6-5-19</i>

Food Establishment Inspection Report – City/Town of Leominster

Establishment: Samoset School

Date: 6-5-19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

Type of Operation(s):

- ☒ Food Service Establishment
☐ Retail Food Store
☐ Residential: Cottage Foods
☐ Residential: Bed & Breakfast
☐ Mobile/Pushcart
☐ Temporary Food Estab.
☐ Other

Type of Inspection:

- ☒ Routine
☐ Re-inspection
☐ Pre-operational
☐ Illness Investigation
☐ General complaint
☐ HACCP
☐ Other

Other Information:

School

Signature of Person-in-Charge: [Signature]

Date: 6-5-19

Signature of Inspector: [Signature]

Date: 6-5-19

Leominster

Samoset School

6-5-19

3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)

Observations and/or Corrective Actions			
Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code			
Item Number	Section of Code	Description of Violation	Date to Correct By
		- Fix leak at left hand side food prep sink, Coupling on back side drain	
		- Fix door sweep on rear door to dumpster pad small gap on lower hinge side of door.	
		+ All temp checks good + All Sanitizer Checks good	
			N/A

Charge: 

6-5-10

Marco L. Bazzani
in Co., Charlestown, MA

6-5-19

TOWN OR CITY OF Lowell**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>27 Hyman</u>	Date <u>6/17/17</u>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Re-inspection <u>6/17/17</u> Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>270 Broadway</u>	Risk Level		
Telephone	HACCP Y/N	Permit No.	
Owner <u>270 Broadway</u>	Time In: <u>12:45</u>		
Person in Charge (PIC)	Out:		
Inspector <u>Joan Poirce</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☒ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**☐ 16. Cooking Temperatures 124☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding☐ 20. Time As a Public Health Control 124**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: 6/17/17 6/21/17

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
<input type="checkbox"/>	<input type="checkbox"/>	23. Management and Personnel (FC-2)(590.003)
<input type="checkbox"/>	<input type="checkbox"/>	24. Food and Food Protection (FC-3)(590.004)
<input type="checkbox"/>	<input type="checkbox"/>	25. Equipment and Utensils (FC-4)(590.005)
<input type="checkbox"/>	<input type="checkbox"/>	26. Water, Plumbing and Waste (FC-5)(590.006)
<input type="checkbox"/>	<input type="checkbox"/>	27. Physical Facility (FC-6)(590.007)
<input type="checkbox"/>	<input type="checkbox"/>	28. Poisonous or Toxic Materials (FC-7)(590.008)
<input type="checkbox"/>	<input type="checkbox"/>	29. Special Requirements (590.009)
<input type="checkbox"/>	<input type="checkbox"/>	30. Other

Inspector's Signature: <u>Joan Poirce</u>	Print: <u>Joan Poirce</u>	Page <u>1</u> of <u>1</u> Pages
PIC's Signature: <u>Joan Poirce</u>	Print: <u>Joan Poirce</u>	

TOWN OR CITY OF Leominster**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>SKY VIEW</u>	Date <u>2-6-18</u>	Type of Operation(s) <input type="checkbox"/> Food Service <input checked="" type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>100 Main St</u>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner <u>David Jones</u>	Time In: Out:		
Person in Charge (PIC) <u>David Jones</u>			
Inspector			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer AdvisoriesViolations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)

24. Food and Food Protection (FC-3)(590.004)

25. Equipment and Utensils (FC-4)(590.005)

26. Water, Plumbing and Waste (FC-5)(590.006)

27. Physical Facility (FC-6)(590.007)

28. Poisonous or Toxic Materials (FC-7)(590.008)

29. Special Requirements (590.009)

30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: 2-16-18

Inspector's Signature: <u>[Signature]</u>	Print: <u>David Jones</u>	
PIC's Signature: <u>[Signature]</u>	Print: <u>David Jones</u>	Page <u>1</u> of <u>1</u> Pages

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OR CITY OF Leominster

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Sky View School</u>	Date <u>9-5-18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>Kennedy Way</u>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: Out:		
Person in Charge (PIC)			
Inspector <u>Marco L. Bangora</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Anti-Choking 590.009 (E) ☐
Tobacco 590.009 (F) ☐
Allergen Awareness 590.009 (G) ☐

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)

24. Food and Food Protection (FC-3)(590.004)

25. Equipment and Utensils (FC-4)(590.005)

26. Water, Plumbing and Waste (FC-5)(590.006)

27. Physical Facility (FC-6)(590.007)

28. Poisonous or Toxic Materials (FC-7)(590.008)

29. Special Requirements (590.009)

30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Marco L. Bangora</u>	Print: <u>Marco L. Bangora</u>	Page <u>1</u> of <u>1</u> Pages
PIC's Signature: <u>[Signature]</u>	Print: <u>Joan Price</u>	

Food Establishment Inspection Report – City/Town of Leominster

Establishment: <u>Skyview School</u>	Date: <u>3-20-19</u>	Page 1 of <u>3</u>
Address: <u>Deccico Dr.</u>	Time in: <u>10:30</u>	Time out: <u>11:15</u>
Telephone:	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Owner:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: <u>Joan Prince</u>		
Inspector: <u>Marco Z. Boryn</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
Approved Source							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food						
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan						

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: Discussion with Person-in-Charge:

Signature of Person-in-Charge: <u>Joan Prince</u>	Date: <u>3-20-19</u>
Signature of Inspector: <u>Marco Z. Boryn</u>	Date: <u>3-20-19</u>

Food Establishment Inspection Report – City/Town of Leominster

Establishment: Sky View

Date: 3-20-19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

Type of Operation(s):

- ☒ Food Service Establishment
- ☐ Retail Food Store
- ☐ Residential: Cottage Foods
- ☐ Residential; Bed & Breakfast
- ☐ Mobile/Pushcart
- ☐ Temporary Food Estab.
- ☒ Other School

Type of Inspection:

- ☒ Routine
- ☐ Re-inspection
- ☐ Pre-operational
- ☐ Illness investigation
- ☐ General complaint
- ☐ HACCP
- ☐ Other _____

Other Information:

51: HW Sink

Signature of Person-in-Charge: [Signature]

Date: 3-20-19

Signature of Inspector: [Signature]

Date: 3-20-19

Leominster

Date: 3.20.19

Page 3 of 3

[illegible]

Signature of Person-in-Charge: _____

Date:

3-20-19

Signature of Inspector:

Date: _____

3.20.19